

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:
Application No.:
Filed:
Title:

Robert K. Naviaux Art Unit:
Examiner:
1614
09/889,251
November 1, 2001
METHODS OF TREATMENT OF MITOCHONDRIAL DISORDERS

Commissioner for Patents
Washington, DC 20231
TRANSMITTAL SHEET
Sir:

Transmitted herewith for the above-identified application please find:


1. Response to Office Action mailed December 18, 2002 (15 pages);
2. Declaration of Applicant Under 37 C.F.R. § 1.132, including Exhibit A (8 pages)
3. Petition for One (1) Month Extension of Time (2 pages);
4. Check No. 5334543 in the amount of \$55.00; and
5. Return Receipt Postcard.


In the Application of
Robert K. Naviaux
Application Serial No.: 09/889,251
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The Fee for this Response is calculated as follows:

| For | Claims Remaining <br> After Amendment | Highest Number <br> Previously Paid For | Extra <br> Claims | Small Entity <br> Rate | Large Entity <br> Rate | Calculations |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Total Claims | 28 | 74 | 0 | $\mathrm{x} \$ 09$ | $\mathrm{x} \$ 18$ | $\$ .00$ |
| Independent Claims | 2 | 4 | 0 | $\mathrm{x} \$ 42$ | $\mathrm{x} \$ 84$ | $\$ .00$ |
| Multiple Claims |  |  |  | $\$ 140$ | $\$ 280$ | $\$ .00$ |
| Petition for One-Month <br> Extension of Time |  |  |  | $\$ 55.00$ | $\$ 110.00$ | $\$ 55.00$ |
|  |  |  |  | TOTAL FEE | $\$ 55.00$ |  |

Enclosed is Check No. 5334543 in the amount of $\$ 55.00$ for the One-Month extension of time fee. The Commissioner is hereby authorized to charge any other fees associated with the filing submitted herewith, or credit any overpayments to Deposit Account No. 50-1355. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: $\qquad$ April 3, 2003


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